



## CERTIFICATE OF LIABILITY INSURANCE FOR AERIAL APPLICATORS

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

This is to certify that the above numbered insurance policy has been issued insuring:

\_\_\_\_\_  
 Name of Insured Pesticide Business (Licensed through KS Dept of Agriculture/Named Insured)

\_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above numbered policy provides the coverage indicated regarding the following identified insured aircraft:

AIRCRAFT	REQUIRED	Aircraft 1	Aircraft 2	Aircraft 3	Aircraft 4	Aircraft 5
"N" Number						
<b>CHEMICAL COVERAGE</b>						
Comprehensive Chemical Liability Hazard Included	YES	Y or N	Y or N	Y or N	Y or N	Y or N
Limit of Bodily Injury Liability Each Occurrence (Excluding Passengers)	\$25,000 Minimum	\$25,000 Minimum	\$25,000 Minimum	\$25,000 Minimum	\$25,000 Minimum	\$25,000 Minimum
Limit of Property Damage Liability Each Occurrence	\$5,000 Minimum	\$5,000 Minimum	\$5,000 Minimum	\$5,000 Minimum	\$5,000 Minimum	\$5,000 Minimum
Deductible/Additional Premium	Specify Amount					
Picloram Endorsement	YES (Required if used)	Y or N	Y or N	Y or N	Y or N	Y or N

Liability insurance provided in accordance with the above numbered policy is subject to the insurance policy provisions of the company filed with and approved by the Kansas Commissioner of Insurance pursuant to K.S.A. 40-216 except as authorized by K.S.A. 40-246b.

The insurer agrees to provide written notification to the Secretary, Kansas Department of Agriculture, at least 10 days prior to the effective date of any expiration, reduction or cancellation of the liability insurance. Such notification is to be sent to: **Kansas Department of Agriculture, Records Center, Business Licensing Section, 109 SW 9<sup>th</sup> Street, Topeka, KS 66612-1281. FAX (785) 296-6418**

\_\_\_\_\_  
 Name of Insurance Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
 Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**GUIDELINES**  
**Certificate of Liability Insurance for Aerial Applicators**

These guidelines are provided to help in the preparation and submission of acceptable insurance certificates. If these guidelines are followed, it will result in more expeditious handling of insurance certificate matters in connection with Kansas pesticide applicator business license requirements.

The certificate of liability insurance on the reverse side of these guidelines is supplied to you for your use and convenience in meeting licensing requirements as an aerial applicator; however, the certificate of liability insurance does not have to be on this particular form. **NO MATTER WHAT FORM IS USED THE FOLLOWING IS REQUIRED:**

- 1) Aerial Applicators
  - a. Each aircraft used in the application of pesticides must be identified by the aircraft identification number, and must have as a minimum "comprehensive chemical" coverage. A "Tordon/picloram endorsement" or other endorsement on the policy is required if the business applies pesticides which are excluded from comprehensive chemical coverage provisions.
  - b. The insurance coverage must cover damages caused by pesticides as follow:
    1. For not less than \$5,000 per occurrence property damage liability.
    2. For not less than \$25,000 per occurrence bodily injury liability.
  - c. K.S.A. 2-2438a(n) defines "pesticides" as, "(1) any substance or mixture of substances used to prevent, destroy, control, repel, attract or mitigate any pest and (2) any substance or mixture of substances intended to be used as a plant regulator, defoliant or desiccant."
- 2) The aircraft "N" number for each aircraft covered by the policy must be listed.
- 3) If the Tordon/picloram endorsement has been added to the policy each aircraft covered by such endorsement must be identified.
- 4) The amount of any deductible or additional premium due upon settlement of a claim related to chemical liability coverage must be provided.
- 5) The policy number must be shown on the certificate.
- 6) The insurance policy's effective date and expiration date must be shown on the certificate.
- 7) The certificate must have the signature of an insurance representative. (Either ink signature or stamped signature is acceptable.)
- 8) The certificate of insurance must contain the complete legal name of the insured—this name must be exactly the same as the business name the applicator has most recently and separately reported in writing to the Department of Agriculture.
- 9) The certificate must contain the correct and specific name of the insurance company which issued the policy.
- 10) The certificate of liability insurance must be executed by an insurance company authorized to do business in Kansas or by a licensed insurance agent operating under authority of K.S.A. 40-246b.
- 11) **NOTICE TO INSURANCE COMPANY** -- If you do not currently have on file with the Kansas Insurance Department an endorsement permitting you to notify the Secretary, Kansas Department of Agriculture, of the expiration, reduction or cancelation of the insured's policy, please file such endorsement immediately pursuant to K.S.A. 40-216. The endorsement should read:

In compliance with K.S.A. 2-2448 as amended and supplemented, the company hereby agrees to notify the Secretary, Kansas Department of Agriculture, in writing, of any expiration, reduction or cancelation of this policy at least 10 days prior to the effective date of such expiration, reduction or cancelation."

In order that companies will not be in violation of insurance laws, each company must file with the Insurance Commissioner a copy of the endorsement they put on policies.
- 12) Return the completed Certificate of Liability Insurance to: **KANSAS DEPARTMENT OF AGRICULTURE  
Records Center – Business Licensing Section  
109 SW 9<sup>th</sup> Street  
Topeka, KS 66612**